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I hereby certify that this Fee(s) Transmittal is being deposited with the United 530 VIRGINIA ROAD States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile P.O. BOX 9133 transmitted to the USPTO, on the date indicated below. CONCORD, MA 01742-9133 (Depositor's name) (Signature) (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 1733.1004-014 9746 10/092,365 03/06/2002 Mark A. Tracy TITLE OF INVENTION: CONTROLLED RELEASE OF METAL CATION-STABILIZED INTERFERON **ISSUE FEE** TOTAL FEE(S) DUE APPLN. TYPE SMALL ENTITY **PUBLICATION FEE** DATE DUE nonprovisional NO \$1330 \$300 \$1630 05/27/2004 **CLASS-SUBCLASS EXAMINER ART UNIT** 1617 424-486000 WEBMAN, EDWARD J Hamilton, Brook, Smith 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the l & Reynolds, P.C. names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Alkermes Controlled Therapeutics, Inc. Cambridge, Massachusetts Please check the appropriate assignee category or categories (will not be printed on the patent); individual XXI corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): XX Issue Fee XX A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. to charge any deficiency, XX Publication Fee XXI The Director is hereby authorized by charge the required for overpayment, to Deposit Account Number 08-0380 (enclose an extra copy of this form). XX Advance Order - # of Copies ___ Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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